1 2 3 4 5 6 7 8	CALIFORNIA DEPARTMENT OF INSURA LEGAL DIVISION Michael Tancredi Esq. SBN 101425 300 South Spring Street, 12 th Floor Los Angeles, CA 90013 Telephone: 213-346-6637 Facsimile: 213-897-9241 Attorneys for John Garamendi, California Insurance Commissioner	NCE
9		OF THE DEPARTMENT OF INSURANCE
10	OF THE STATE OF (CALIFORNIA, LOS ANGELES
11	T d Mar Cd T	E'1 N. 11D4 0504 7500
12	In the Matter of the Licenses and Licensing Rights of	File No. UPA 0504-7580
13	AMEX ASSURANCE COMPANY,	OAH No.
14	Respondent.	ORDER TO SHOW CAUSE (Ins. Code Sections 790.03 and 790.05);
15		AMENDED STATEMENT OF
16		CHARGES/ACCUSATION (Ins. Code Sections 790.03 and 790.05);
17		NOTICE OF MONETARY PENALTY
18 19		(Ins. Code Sections 790.03, 790.05 and 790.035).
20		and
21		ORDER TO SHOW CAUSE
22		(Ins. Code Section 790.06)
23		
24		Date: On a date to be set.
25		Time: 9:00 a.m.
26		Place: Office of Administrative Hearings
26		320 West Fourth Street Suite 630 Los Angeles CA 90013
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ORDER TO SHOW CAUSE

WHEREAS, the Insurance Commissioner of the State of California (hereafter, "the Commissioner") has reason to believe that AMEX ASSURANCE COMPANY (hereafter, "Respondent") has engaged in or is engaging in this State in the unfair methods of competition or unfair or deceptive acts or practices, and other unlawful acts set forth in the STATEMENT OF CHARGES/ACCUSATION contained herein;

WHEREAS, the Insurance Commissioner has reason to believe that a proceeding with respect to the alleged acts of Respondent would be in the public interest;

NOW, THEREFORE, and pursuant to the provisions of Section 790.05 and 790.06 of the California Insurance Code, Respondent is ordered to appear before the Commissioner at the Office of Administrative Hearings, 320 West Fourth Street Suite 630 Los Angeles CA 90013 on a date and time to be set not less than thirty days from the filing and service of this pleading, and to show cause, if any cause there be, why the Commissioner should not issue an Order to Respondent requiring Respondent to Cease and Desist from engaging in the methods, acts, and practices set forth in the STATEMENT OF CHARGES/ACCUSATION contained herein in Paragraphs one through eight inclusive, and imposing the penalties set forth in the Prayer herein.

STATEMENT OF CHARGES/ACCUSATION

- 1. Respondent was from December 1, 1981, and now is the holder of a Certificate of Authority (Certificate Number 2467-9) issued by the Insurance Commissioner of the State of California to act in the capacity of a Property and Casualty Insurer.
- 2. Pursuant to the authority granted under Part 2, Chapter 1, Article 4, Sections 730, 733, 736, and Article 6.5, Section 790.04 of the California Insurance Code; and Title 10, Chapter 5, Subchapter 7.5, Section 2695.3(a) of the California Code of Regulations, a re-examination was made of the claims practices and procedures in California of the Respondent. This re-examination was the result of an examination as of September 21, 2000.
- 3. The re-examination covered the claims handling practices of the Respondent during the period May 1, 2002 through April 30, 2003. The re-examination was made to discover, in

general, if these and other operating procedures of the Company conform with the contractual obligations in the policy forms, to provisions of the California Insurance Code (CIC), the California Code of Regulations (CCR), the California Vehicle Code (CVC) and case law¹.

- 4. To accomplish the foregoing, the re-examination included:
- a. A review of the guidelines, procedures, training plans and forms adopted by the Company for use in California including any documentation maintained by the Company in support of positions or interpretations of fair claims settlement practices.
- b. A review of the application of such guidelines, procedures, and forms, by means of a re-examination of claims files and related records.
- c. A review of consumer complaints received by the California Department of Insurance (CDI) in the most recent year prior to the start of the re-examination.
- 5. The re- examination was primarily conducted at respondent's claims office in DePere, Wisconsin. The examiners reviewed 261 claim files. The examiners cited 135 violations of the Unfair Practices Act, Article 6.5, CIC Section 790.03 and the Unfair or Deceptive Acts or Practices in the Business of Insurance, Title 10, Subchapter 7.5, Article 1, Fair Claims Settlement Practices Regulations. Additionally, the examiners cited 21 other violations which do not fall within the scope of these regulations.
- 6. Respondent, from May 1, 2002 through April 30, 2003 violated the provisions of CIC Sections 790.03(h) and the Fair Claims Settlement Practices found in CCR, Title 10, Chapter 5, Subchapter 7.5, Sections 2695.3 through 2695.8 (adopted pursuant to CIC Section 790.034) either knowingly or with such frequency as to indicate a general business practice.
- 7. As above, Respondent, from May 1, 2002 through April 30, 2003 violated the following provisions of the California Insurance Code and the California Code of Regulations, Title 10, Chapter 5, Subchapter 7.5; said violations representing unfair or deceptive acts,² as follows:
- a. On 73 occasions, in violation of CCR §2695.8(b)(1) the Respondent failed to explain in writing for the claimant the basis of the fully itemized cost of the comparable automobile or the

¹ A copy of the public report of examination is attached as Exhibit 1.

² Attached as Exhibit 2 are the Tables of Specific Findings with the name of the insured redacted for privacy reasons.

Company failed to include, in the settlement, all applicable taxes, license fees and other fees incident to transfer of evidence of ownership of the comparable automobile.

- b. On 30 occasions, in violation of CCR §2695.8(f), the Respondent failed to supply the claimant with a copy of the estimate upon which the settlement is based.
- c. On 6 occasions, in violation of CCR §2695.7(g), the Respondent attempted to settle a claim by making a settlement offer that was unreasonably low.
- d. On 4 occasions, in violation of CCR §2695.7(b)(3), the Respondent failed to include a statement in its claim denial that, if the claimant believes the claim has been wrongfully denied or rejected, he or she may have the matter reviewed by the California Department of Insurance.
- e. On 4 occasions, in violation of CCR §2695.7(c)(1), the Respondent failed to provide written notice of the need for additional time every 30 calendar days.
- f. On 4 occasions, in violation of CCR §2695.8(b)(1)(C), the Respondent failed to document the determination of value. Any deductions from value, including deduction for salvage, must be discernible, measurable, itemized, and specified as well as be appropriate in dollar amount.
- g. On 3 occasions, in violation of CCR §2695.7(b), the Respondent failed, upon receiving proof of claim, to accept or deny the claim within 40 calendar days.
- h. On 2 occasions, in violation of CIC §790.03(h)(3), the Respondent failed to adopt and implement reasonable standards for the prompt investigation and processing of claims arising under its insurance policies.
- i. On 2 occasions, in violation of CCR §2695.7(b)(1), the Respondent failed to provide written basis for the denial of the claim.
- j. On 2 occasions, in violation of CCR §2695.8(k), the Respondent failed to document the basis of betterment, depreciation, or salvage. The basis for any adjustment shall be fully explained to the claimant in writing.
- k. On 1 occasion, in violation of CCR §2695.5(b), the Respondent failed to respond to communications within 15 calendar days.
- 1. On 1 occasion, in violation of §2695.7(f), the Respondent failed to provide written notice

of any statute of limitation or other time period requirement not less than 60 days prior to the expiration date.

- 8. As a result of the Examination, the Commissioner, in his official capacity, now alleges that Respondent has violated, in addition to the provisions of the Fair Claims Settlement Practices Regulations, the following and that these violations constitute acts or practices that are unfair or deceptive:
- a. On 13 occasions, in violation of CCR §2632.13(e) (2), the Respondent failed to properly advise the insured that the driver of the insured vehicle was principally at-fault for an accident. Specifically, at fault letters were not sent by the Company.
- b. On 4 occasions, in violation of California Vehicle Code §11515.2(b), the Respondent failed to notify the Department of Motor Vehicles that the owner of a total loss non-repairable vehicle retained possession of the vehicle.
- c. On 2 occasions, in violation of California Vehicle Code §11515.2(b), the Respondent failed to notify the insured or owner of his or her responsibility to comply with CVC §11515.2(b).
- d. On 2 occasions, in violation of California Vehicle Code §11515(a), the Respondent failed to notify the Department of Motor Vehicles of a total loss settlement on a salvage vehicle within 10 days from the settlement.

PRAYER

WHEREFORE, Petitioner prays for judgment against Respondent as follows:

- 1. An Order to Cease and Desist from engaging in such unfair acts or practices in violation of CIC 790.03 and the regulations promulgated pursuant to CIC Section 790.10 as set forth above in paragraph seven;
- 2. Pursuant to CIC Section 790.035, for unfair or deceptive acts in violation of Section 790.03 and CCR, Title 10, Chapter 5, Subchapter 7.5, Sections 2695.1 through 2695.17 (adopted pursuant to CIC Section 790.034), as set forth above in paragraph seven, a penalty in an amount to be fixed by the Commissioner not to exceed ten thousand dollars (\$10,000.00) for each unfair or deceptive act or practice found to be willful; and a penalty in an amount to be fixed by the Commissioner not to exceed five thousand dollars (\$5,000.00) for each unfair or deceptive act

or practice found not to be willful. 3. Pursuant to CIC Section 790.06, that a declaration be made that the acts identified in paragraph eight are unfair or deceptive pursuant to Article 6.5 of the California Insurance Code. January 27, 2006 JOHN GARAMENDI Dated: **Insurance Commissioner** -S-By Michael Tancredi Staff Counsel